

Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210

2340304
240364

Phone: 803-896-5100
Fax: 803-896-5199
www.psc.sc.gov

Complaint Form

Date: _____

Complainant or Legal Representative Information: * Required Fields

Name * Cecil Hinton

Firm (if applicable) _____

Mailing Address * 2016 Marquesas Avenue

City, State Zip * Tega Cay, SC 29708

Phone * _____

E-mail * _____

Name of Utility Involved in Complaint: * Utilities, Inc. (Tega Cay Water Service)

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

☐ Billing Error/Adjustments☐ Deposits and Credit Establishment☐ Wrong Rate☐ Refusal to Connect Service☐ Disconnection of Service☐ Payment Arrangements☐ Water Quality☐ Line Extension Issue☐ Service Issue☐ Meter Issue☐ Other (be specific) We do not want a rate increase of 47% in our city!Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ No Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Please register me as a Tega Cay resident not in favor of the rate increase trying to be pushed on our city.

Thank you!

Cecil Hinton

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

We will have relief if this does not pass.

NOV 07 2012
CLERK'S OFFICE

STATE OF SOUTH CAROLINA)

VERIFICATION

COUNTY OF York)

I, Cecil Hinton
Complainant's Name *

verify that I have read my complaint filed on 11/06/2012

Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature *

Internal Use Only

Received By	Date